

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IOWA ETHICS AND
CAMPAIGN DISCLOSURE BD.

JAN 18 PM 2:22

Floyd

COMMITTEE NAME (Must be same as on Statement of Organization)

MICHAEL HAMMOND FOR CITY COUNCIL

IMPORTANT: Indicate by # type of committee you are reporting for: 8

(1) Statewide/Legislative/Judge Standing for Retention Candidates (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (If applicable)

MICHAEL HAMMOND

Office Sought

District (if Senate or House)

CHARLES CITY CITY COUNCIL

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm #

14068

Logged in

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.


SIGNATURE OF PERSON FILING REPORT

641-330-1606
TELEPHONE

1-18-12
DATE SIGNED

I AM FILING A JANUARY 19, 2012

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11/8/2011

County & Local Committees, enter County in
which Election is held
FLOYD

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

210.71

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

434.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debits and loans below)

691.24

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

0.00

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

141.56

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

2012 JAN 18

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

MICHAEL HAMMOND FOR CITY COUNCIL

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

2012 JAN 18 AM 9:09

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11/23/2011	MICHAEL HAMMOND 610 ALLISON ST CHARLES CITY, IA 50616	SELF	FORGIVENESS OF DEBT	\$ 141.56	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 141.56	
TOTAL (If last page of this schedule)				\$ 141.56	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page 1 of 1
(for Schedule E)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN IA ETHICS AND
(Including candidate's personal funds) CAMPAIGN DISCLOSURE BD.

[REDACTED]	SCHEDULE	MONETARY RECEIPTS
	A	
CAMPAIGN DISCLOSURE BD.		<input type="checkbox"/> CHECK THIS BOX IF PENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization) **09**
MICHAEL HAMMOND FOR CITY COUNCIL

2012 JAN 18 AM 9:09

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/2/2011	ID# CK#	DICK HERBRECHTSMEYER 812 9TH ST, CHARLES CITY, IA 50616		\$100.00	<input type="checkbox"/>
11/4/2011	ID# CK#	JAMES ERB 701 2ND AVE, CHARLES CITY, IA 50616		250.00	<input type="checkbox"/>
11/7/2011	ID# CK#	CASH CONTRIBUTIONS OF \$25 OR LESS		84.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 434.00

TOTAL (if last page of this schedule)

\$ 434.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MICHAEL HAMMOND FOR CITY COUNCIL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/31/2011	ID# CK#	FIRST CITIZENS NATIONAL BANK 300 N MAIN ST CHARLES CITY, IA 50616	SERVICE CHARGE	\$ 1.49
11/3/2011	ID# CK# 1004	NORTH IOWA BROADCASTING 207 N MAIN ST CHARLES CITY, IA 50616	RADIO CAMPAIGN ADS	208.75
11/3/2011	ID# CK# 1005	CHARLES CITY PRESS 801 RIVERSIDE DRIVE CHARLES CITY, IA 50616	NEWSPAPER CAMPAIGN ADS	216.00
11/9/2011	ID# CK# 1006	CHARLES CITY PRESS 801 RIVERSIDE DRIVE CHARLES CITY, IA 50616	NEWSPAPER THANK YOU AD	47.00
11/23/2011	ID# CK#	MICHAEL HAMMOND 610 ALLISON ST CHARLES CITY, IA 50616	DIRECT TRANSFER PAYMENT TOWARDS SCHEDULE D INCURRED BY CANDIDATE	171.47
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 691.24
TOTAL (If last page of this schedule)				\$ 691.24

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(I).)